WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 26437
Permit No.
Basin 101 - CARSON DESERT

1. OWNER Bob Hemmingway ADDRESS PO Box 8024 Reno Nev.

2. LOCATION NE ¼ SW ¼ Sec. 34 T. 19 N/S R. 29 E. Churchill County
PERMIT NO.

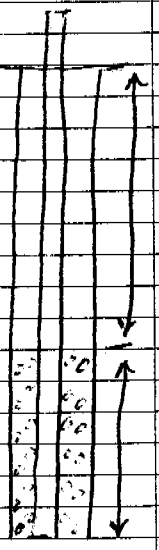
3. TYPE OF WORK
New Well ☐ Recondition ☐
Deepen ☐ Other ☑ Replacement well

4. PROPOSED USE
Domestic ☐ Irrigation ☐ Test ☐
Municipal ☑ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☑
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clay		0	25	25
Black Sand		25	30	5
Black + Gray Clay		30	55	25
Black Sand		55	58	3
Blue Clay		58	95	37
Brown Sand		95	120	25



Pumped Cement from 60' to surface

Gravel

Date started 12/18, 1984
Date completed 12/20, 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
Blown	150	0	3 Hr.

BAILER TEST
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 12" inches Total depth 120 feet
Casing record 8 5/8
Weight per foot 12.89 Thickness .188

Diameter	From	To
8 5/8 inches	0 feet	120 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 60' feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 60 feet to 120 feet

Perforations:
Type perforation Factory
Size perforation 3/32 x 3
From 80 feet to 120 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

9. WATER LEVEL
Static water level 6 Ft. Feet below land surface
Flow 0 G.P.M. 150
Water temperature Cold ° F. Quality

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Sierra Pump + Drilling
Address Carson City
Nevada contractor's license number 012231 0
Nevada driller's license number 1001
Signed Jon R Strauss
Date

USE ADDITIONAL SHEETS IF NECESSARY

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